

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

COMMUNITY ONCOLOGY ALLIANCE PAC

ADDRESS (number and street) ▼

100 N. Humphreys Blvd

☐ Check if different than previously reported. (ACC)

Memphis

TN

38120

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00383976

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☒ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
04 01 2012

through

M M M / D D D / Y Y Y Y Y Y  
06 30 2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Patrick W Cobb

Signature of Treasurer

Mr. Patrick W Cobb

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
07 14 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

COMMUNITY ONCOLOGY ALLIANCE PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
04 / 01 / 2012 To: M M / D D / Y Y Y Y Y Y  
06 / 30 / 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2012</span>		<span style="border: 1px solid black; padding: 2px;">27411.12</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">12919.12</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">7500.00</span>	<span style="border: 1px solid black; padding: 2px;">7508.00</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">20419.12</span>	<span style="border: 1px solid black; padding: 2px;">34919.12</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">8909.20</span>	<span style="border: 1px solid black; padding: 2px;">23409.20</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">11509.92</span>	<span style="border: 1px solid black; padding: 2px;">11509.92</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**COMMUNITY ONCOLOGY ALLIANCE PAC**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	2

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	2

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	7500.00	7500.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ►	7500.00	7500.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	7500.00	7500.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	8.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	7500.00	7508.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	7500.00	7508.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	409.20	409.20
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	409.20	409.20
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	8500.00	23000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	8909.20	23409.20
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8909.20	23409.20

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	7500.00	7500.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	7500.00	7500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	409.20	409.20
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	8.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	409.20	401.20

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 13

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**COMMUNITY ONCOLOGY ALLIANCE PAC**

Full Name (Last, First, Middle Initial)

**A. Joseph S Cirrone**

Mailing Address 22 Ledgewood Circle

City

West Setauket

State

NY

Zip Code

11733

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 23 / 2012

Transaction ID : SA11AI.5302

Amount of Each Receipt this Period

500.00

Individual Contribution

Full Name (Last, First, Middle Initial)

**B. Noshir DaCosta**

Mailing Address 9 Dorm Court

City

Setauket

State

NY

Zip Code

11733

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 16 / 2012

Transaction ID : SA11AI.5310

Amount of Each Receipt this Period

500.00

Individual Contribution

Full Name (Last, First, Middle Initial)

**C. John Eckenrode**

Mailing Address 8144 S 107th E Avenue

Apt Q

City

Tulsa

State

OK

Zip Code

74133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 05 / 2012

Transaction ID : SA11AI.5297

Amount of Each Receipt this Period

500.00

Individual Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 13

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

**COMMUNITY ONCOLOGY ALLIANCE PAC**

Full Name (Last, First, Middle Initial)

**A. Richard Frame**

Mailing Address 7998 Oakledge Road

City	State	Zip Code
Salt Lake City	UT	84121

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 01 / 2012

Transaction ID : SA11AI.5298

Amount of Each Receipt this Period

1000.00

Individual Contribution

Full Name (Last, First, Middle Initial)

**B. Dr. Bruce Gould**

Mailing Address 766 Tate Overlook

City	State	Zip Code
Marietta	GA	30064

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

self

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 22 / 2012

Transaction ID : SA11AI.5320

Amount of Each Receipt this Period

500.00

Individual Contribution

Full Name (Last, First, Middle Initial)

**C. Dr. Robert Hermann**

Mailing Address 639 N Saint Marys Ln NW

City	State	Zip Code
Marietta	GA	30064

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Oncologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 22 / 2012

Transaction ID : SA11AI.5319

Amount of Each Receipt this Period

500.00

Individual Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 13  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**COMMUNITY ONCOLOGY ALLIANCE PAC**

Full Name (Last, First, Middle Initial)

**A. Regina Jablonski**

Mailing Address 8 Davids Way

City State Zip Code  
 Port Jefferson NY 11777

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 16 / 2012

Transaction ID : SA11AI.5306

Amount of Each Receipt this Period

500.00

Individual Contribution

Full Name (Last, First, Middle Initial)

**B. William LiPera**

Mailing Address 695 Short Beach Road

City State Zip Code  
 Nissequogue NY 11780

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 21 / 2012

Transaction ID : SA11AI.5304

Amount of Each Receipt this Period

500.00

Individual Contribution

Full Name (Last, First, Middle Initial)

**C. Dr Frank P. McCoy**

Mailing Address 4653 Stepping Stone Ln

City State Zip Code  
 Kennesaw GA 30152

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Northwest GA Oncology

Occupation  
Oncologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 22 / 2012

Transaction ID : SA11AI.5316

Amount of Each Receipt this Period

500.00

Individual Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 9 OF 13

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**COMMUNITY ONCOLOGY ALLIANCE PAC**

Full Name (Last, First, Middle Initial)

**A. Steve McCune**

Mailing Address 2177 Ector Place NW

City

Kennesaw

State

GA

Zip Code

30152

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self

Occupation

physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 22 / 2012

Transaction ID : SA11AI.5317

Amount of Each Receipt this Period

500.00

Individual Contribution

Full Name (Last, First, Middle Initial)

**B. Shahid Nawaz**

Mailing Address 6 Elbridge Court

City

S Setauket

State

NY

Zip Code

11720

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self

Occupation

physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 22 / 2012

Transaction ID : SA11AI.5314

Amount of Each Receipt this Period

500.00

Individual Contribution

Full Name (Last, First, Middle Initial)

**C. Edward Samuel**

Mailing Address 12 Salt Meadow Lane

City

Stony Brook

State

NY

Zip Code

11790

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self

Occupation

physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 30 / 2012

Transaction ID : SA11AI.5300

Amount of Each Receipt this Period

500.00

Individual Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 13

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**COMMUNITY ONCOLOGY ALLIANCE PAC**

Full Name (Last, First, Middle Initial)

**A. Martin Silverstein**

Mailing Address 70 Wilmington Drive

City	State	Zip Code
Melville	NY	11747

FEC ID number of contributing federal political committee.

C

Name of Employer  
selfOccupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		16		2012

Transaction ID : SA11AI.5312

Amount of Each Receipt this Period

500.00

Individual Contribution

Full Name (Last, First, Middle Initial)

**B. Michael Theodorakis**

Mailing Address 19 Shore Oaks Drive

City	State	Zip Code
Stony Brook	NY	11790

FEC ID number of contributing federal political committee.

C

Name of Employer  
selfOccupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2012

Transaction ID : SA11AI.5308

Amount of Each Receipt this Period

500.00

Individual Contribution

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City	State	Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

1000.00

TOTAL This Period (last page this line number only)..... ►

7500.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 13

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**COMMUNITY ONCOLOGY ALLIANCE PAC**

Full Name (Last, First, Middle Initial)

**A. Cannon Wright Blount PLLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		25		2012

Mailing Address 756 Ridge Lake Blvd  
Suite 100

City Memphis State TN Zip Code 38120

Purpose of Disbursement  
Income Taxes

Candidate Name

Category/  
Type**Transaction ID : SB21B.5358**

Amount of Each Disbursement this Period

350.00
--------

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

--

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

--

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**SUBTOTAL** of Disbursements This Page (optional).....▶

350.00
--------

**TOTAL** This Period (last page this line number only).....▶

350.00
--------

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 12 OF 13

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**COMMUNITY ONCOLOGY ALLIANCE PAC**

Full Name (Last, First, Middle Initial)

**A. DIANA L. DEGETTE**

Mailing Address 290 ELM STREET

City  
DENVERState  
COZip Code  
80220Purpose of Disbursement  
Campaign Contribution

011

Category/  
Type

Candidate Name

**DIANA L. DEGETTE**Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

State: CO District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		17		2012

**Transaction ID : SB23.5332**

Amount of Each Disbursement this Period

2500.00
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Full Name (Last, First, Middle Initial)

**B. JIM GERLACH**

Mailing Address 649 DEEP HOLLOW LANE

City  
CHESTER SPRINGSState  
PAZip Code  
19425Purpose of Disbursement  
Campaign Contributions

011

Category/  
Type

Candidate Name

**JIM GERLACH**Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

State: PA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		08		2012

**Transaction ID : SB23.5334**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. STEVE J. ISRAEL**Mailing Address STEVE ISRAEL FOR CONGRESS COMMITTEE  
P.O. BOX 777City  
DEER PARKState  
NYZip Code  
11729Purpose of Disbursement  
Campaign Contribution

011

Category/  
Type

Candidate Name

**STEVE J. ISRAEL**Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

State: NY District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		27		2012

**Transaction ID : SB23.5349**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 13 OF 13

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**COMMUNITY ONCOLOGY ALLIANCE PAC**

Full Name (Last, First, Middle Initial)

**A. LEONARD LANCE**

Mailing Address PO BOX 225

City	State	Zip Code
COLONIA	NJ	07067

Purpose of Disbursement  
Campaign Contribution

Candidate Name

**LEONARD LANCE**Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

State: NJ District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	17	/	2012

**Transaction ID : SB23.5377**

Amount of Each Disbursement this Period

2000.00
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Full Name (Last, First, Middle Initial)

**B. MICHAEL J ROGERS**

Mailing Address 802 MEADOWLARK LANE

City	State	Zip Code
HOWELL	MI	48843

Purpose of Disbursement  
Campaign Contribution

Candidate Name

**Rogers for Congress**Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: MI District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	30	/	2012

**Transaction ID : SB23.5341**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. DEBBIE STABENOW**

Mailing Address 7143 STEEPLE CHASE

City	State	Zip Code
LANSING	MI	48917

Purpose of Disbursement  
Campaign Contributions

Candidate Name

**STABENOW FOR US SENATE**Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

State: MI District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	26	/	2012

**Transaction ID : SB23.5346**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4000.00
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8500.00
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